United Nations E/2015/SR.3

Economic and Social Council

Distr.: General
5 March 2015

Original: English

2015 session
21 July 2014-22 July 2015
Special meeting on Ebola, a threat to sustainable development

Summary record of the 3rd meeting
Held at Headquarters, New York, on Friday, 5 December 2014, at 10 a.m.

President:	Mr. Sajdik	(Austria)
later:	Ms. Mejía Vélez (Vice-President)	(Colombia)
later:	Mr. Sajdik	(Austria)

Contents

Opening of the special meeting

Opening statement by the President of the Economic and Social Council

Address by the Secretary-General of the United Nations

Address by the President of the General Assembly

Messages from the affected countries

Keynote addresses

Interactive dialogue

This record is subject to correction.

Corrections should be submitted in one of the working languages. They should be set forth in a memorandum and also incorporated in a copy of the record. They should be sent as soon as possible to the Chief of the Documents Control Unit (srcorrections@un.org).

Corrected records will be reissued electronically on the Official Document System of the United Nations (http://documents.un.org).

14-66450 (E)

Please recycle

The meeting was called to order at 10.05 a.m.

Opening of the special meeting

Opening statement by the President of the Economic and Social Council

1. **The President** said that he commended the people and Governments of Guinea, Liberia, Mali and Sierra Leone for their resilience in the face of the Ebola outbreak, and expressed his condolences to the victims of the disease. He also welcomed the efforts of the African Union to contain the outbreak. The Secretary-General had mobilized the United Nations system, which had established the first ever health mission, the United Nations Mission for Ebola Emergency Response (UNMEER). Considerable progress had been made through the coordinated response of Governments and the international community. However, the new chain of transmission in Mali was a matter of great concern.

2. The Ebola outbreak had implications beyond the health sector, since it affected the education sector, food security and trade. As the principal body of the United Nations for coordination, policy review, dialogue and development recommendations, the Council was the best forum to examine the economic and social dimensions of the outbreak. Although the Security Council and the General Assembly had mobilized international support to stop the outbreak in the short term, the Council needed to ensure that the progress already made towards achieving the Millennium Development Goals was not reversed in the affected countries. Linkage between the current response and the longer-term strengthening of systems in those countries would be key to sustainable development results.

3. The Council had previously held special meetings on development-related emergencies, namely, the African food crisis, avian flu, the earthquake in Haiti and the 2013 typhoon in the Philippines. The Council's leadership had also led to the establishment of the Joint United Nations Programme on HIV/AIDS (UNAIDS) in 1994. The Council stood ready to mobilize its funds, programmes and specialized agencies as well as its network of non-governmental agencies to ensure that economic recovery efforts stabilized the worst affected countries, strengthened preparedness and prevented future outbreaks.

Address by the Secretary-General of the United Nations

4. **The Secretary-General** said that global solidarity had gone a long way towards addressing the Ebola crisis. With an even greater collective push, the outbreak could be ended, and the affected societies could be helped to build back stronger, safeguarding the world against future risks. The Ebola virus had had a devastating human toll in Africa, where it had killed over 6,000 people. Many more had died from other causes as fragile health systems had collapsed. The stigma and fear associated with Ebola had also disrupted education, agriculture, industry and commerce. Families had lost income and more than 3,300 children had been orphaned.

5. The social and economic impact of the disease would outlive the outbreak itself. Guinea, Liberia and Sierra Leone, the three most affected countries, had experienced significant development setbacks and their hard-won peace dividends were being eroded. Their once growing economies had stagnated. Incomes had fallen and prices had risen; markets were bare and people were hungry. It was therefore imperative not only to end the outbreak but also to focus on recovery. The outbreak had underscored the importance of functioning health systems and universal quality health coverage, which needed to be critical components of the post-2015 development agenda. Communities needed access to health care in order to treat easily preventable diseases. Pregnant women needed prenatal and maternal health care; children needed to be in the best possible health in order to learn at school; and workers needed to be in good health to be productive. Health-care systems therefore needed to be capable of responding to emergencies and withstanding shocks such as an Ebola outbreak. Furthermore, the international scientific and medical research community needed to devote more resources to finding treatments and cures for diseases prevalent in developing countries. While they might not generate high profits, such treatments would provide significant benefits to the world's poorest people, which was more important to the collective future than any financial gain.

6. He welcomed the Council's efforts to highlight the need for a swift recovery that would allow the affected countries to return their focus to development. That would require a coordinated response comparable to the global effort to end the outbreak. The Council had an important role to play in identifying actions that the international community could take and promoting

coherence throughout the United Nations system in support of common objectives. An integrated approach by United Nations entities, including the Security Council, the Economic and Social Council and the Peacebuilding Commission, would strengthen the impact of United Nations actions.

7. The people and Governments of Guinea, Liberia and Sierra Leone had suffered much and had shown great resilience. They were counting on the international community to help end the Ebola outbreak and support their swift and full recovery. While the international response had been unprecedented in its speed and generosity, much more would be needed before the emergency was over. Everything should be done to help the Governments of the affected countries to emerge stronger and more resilient from the Ebola crisis.

Address by the President of the General Assembly

8. **Mr. Kutesa** (Uganda), President of the General Assembly, said that he was grateful for the solidarity and support extended by the international community to the people and Governments of the affected countries, and commended the staff of UNMEER and other international health workers for their front-line work. There had been a notable improvement in the situation as a result of the response of national authorities and the support of partners such as the African Union and the United Nations. However, with over 16,000 confirmed cases and over 7,000 deaths so far, much remained to be done. The crisis had highlighted the need for a strong and resilient health-care infrastructure, especially in post-conflict countries. Beyond the immediate challenges, greater attention needed to be paid to socioeconomic recovery, since the impact of Ebola threatened to derail existing sustainable development achievements. Long-term recovery would require resource mobilization, infrastructure development and capacity-building. The international community and the United Nations system would play a key role in rebuilding the affected countries' health-care infrastructure and improving their social and economic conditions as a safeguard against future crises.

9. According to the World Bank, the effect of the epidemic on the economy of sub-Saharan Africa was expected to be around $3 to 4 billion. Short-term growth rate projections for 2014 had decreased from 4.5 per cent to 2.4 per cent in Guinea, from 5.9 per cent to 2.5 per cent in Liberia, and from 11.3 per cent to 8 per cent in Sierra Leone. According to the International Fund for Agricultural Development (IFAD), in the worst affected areas, up to 40 per cent of farms had been abandoned. The United Nations Children's Fund (UNICEF) estimated that at least 7,500 children had lost one or both parents to Ebola. Schools had closed for an indefinite period, and around five million children were not attending school.

10. As negotiations began on the post-2015 development agenda, the implications of Ebola for sectors other than health, such as education, sanitation and the economy as a whole, must be recognized. The three most affected countries had been on the agenda of the Peacebuilding Commission and had made progress with post-conflict peacebuilding in recent years, but the impact of Ebola might reverse those gains. He encouraged Member States, the United Nations system, multilateral institutions and other partners to make proposals on ways in which the international community might address those challenges.

Messages from the affected countries

11. **Mr. Diare** (Guinea), Minister of Economy and Finance, speaking via video link from Conakry, said that measures to improve public finances and promote growth in Guinea had been brought to a halt in February 2014. The epidemic had forced his Government to revise growth forecasts downwards, increase the forecast inflation rate and cover foreign exchange reserves. The epicentre of the epidemic was located in the forested area that served as the breadbasket of Guinea. As a result, rice production had dropped by 40 per cent and production of ground nuts and cassava had fallen by more than 50 per cent. Of his country's annual harvest of 60 tonnes of potatoes, 40 per cent had hitherto been exported to Senegal, but the border with that country had been closed, exports had ceased, and the price of potatoes on the local market had collapsed. The implementation of major mining projects had also been delayed and mining companies had postponed visits to his country. The situation was similar in the manufacturing industry; retail sales had dropped by up to 25 per cent over the previous year. The transport and tourism sectors had been badly affected as hotel occupancy rates had plummeted and airlines had stopped serving Guinea. Similarly, there had been a sharp drop in the number of

ships using the port of Conakry. Meanwhile, many schools remained closed, which had affected the private sector as teachers were no longer being paid and universities had not received tuition fees. As a result, public finances had been cut by $150 million while spending had increased by $250 million.

12. Despite the strong multilateral and bilateral support from the international community, the health-care sector still required many improvements. An economic recovery plan should be implemented immediately, without waiting for the end of the epidemic, in order to rescue the next cycle of agricultural production. The private sector had already asked for a further postponement of its tax payments for 2015, thereby aggravating the Government's revenue shortfall in spite of existing budget cuts. Without massive budgetary assistance and subsidies for agriculture from the international community, all three affected countries would be devastated.

13. **Mr. Marah** (Sierra Leone), Minister of Finance and Economic Development, speaking via video link from Freetown, said that, as of 4 December 2014, over 6,000 Ebola cases had been confirmed in Sierra Leone and 1,900 people had died, including many health-care workers. Cases were concentrated in northern and western districts, including Freetown. Assistance had been received from a variety of partners, including international organizations, but only 5 per cent of it had been channelled through national systems. With around 80 to 100 new cases daily, the challenge had become that of addressing the high transmission rate. An additional 1,094 hospital beds were needed. There were only four functioning treatment centres out of at least 12 that were needed, and a further four laboratories were needed in addition to the existing five. Six thousand contact tracers were at work, including teachers, counsellors and young people, and paramount chiefs were playing a leading role.

14. The national preparedness and response plan was being coordinated by the National Ebola Response Centre and included contact tracing, case management and diagnosis, and surveillance of the epidemic in western districts and hotspots in rural areas. That required scaling up the response to cope with a potential 500 new cases per day. Indeed, rapid response teams might be needed to deal with any upsurge of the epidemic in rural areas. One component of the response was community sensitization through the training of key local stakeholders, including chiefs. The President had also been personally involved in social mobilization. Airport security had been improved in the hope that international airlines would continue to serve Sierra Leone. Similarly, efforts were being made at the seaport to reduce shipping costs and thereby ensure uninterrupted supplies. His Government was working with the private sector to reduce insurance costs for shipments and employees, but the overall imperative was to reduce stigmatization.

15. The health-care system was being strengthened within the framework of a five-year reconstruction programme which included plans for a national medical centre of excellence and a post-graduate medical centre. The programme would also professionalize the health-care workforce; improve sanitation; build capacity to manage health facilities and equipment; increase the fiscal space for funding of health care through innovative strategies; and establish a health insurance scheme.

16. The economy, which had recorded double-digit growth in recent years, had been disrupted in all areas. The forecast for economic growth by the end of 2014 had been revised downwards to 3 per cent. Agriculture, mining, tourism and construction were the worst affected sectors. The inflation rate had risen, mainly as a result of food shortages; it was forecast to reach 14 per cent by the end of 2015. Revenue collection had been adversely affected by reduced economic activity, lower mining revenue and weaker taxpayer compliance. The Ebola-related revenue shortfall was an estimated $90 million in 2014. The exchange rate had slid by 11.3 per cent between December 2013 and November 2014. Financial support was therefore needed to strengthen the currency and increase exports. Sierra Leone was also subject to a de facto economic embargo as many airlines had ceased operations there, thereby increasing the cost of travel and adding a high-risk premium to shipping. The social impact of Ebola was reflected in the fact that over 7,000 children had been directly affected, with 2,800 having lost at least one parent. Schools had been suspended and public examinations had been disrupted.

17. Although the country's survival was threatened by Ebola, the Government was determined that Sierra Leone should emerge from the outbreak in a stronger position. A post-Ebola recovery programme, which was being developed with help from the United Nations system, aimed to build roads and health facilities; recruit more health workers; support both small

farmers and local entrepreneurs; develop the tourism sector; and enable local banks to provide credit to small and medium-sized enterprises. The Government had also established an environmental protection agency and a ministerial subcommittee to facilitate participation in carbon trading.

18. The next phase of the post-Ebola economic recovery strategy involved stabilizing and stimulating the economy; restoring education services, including expanded school feeding programmes; improving sanitation and hygiene; and supporting agriculture through the provision of tools, seeds and loans to farmers. Initiatives to strengthen the health-care system would need to provide training for doctors, nurses and laboratory technicians; provide more ambulances and paramedics; and establish a school of infectious diseases and tropical medicine. The best way for development partners to stabilize the worst affected countries would be to offer increased cooperation from a single platform so as to ensure that assistance was aligned with national response plans. There should be synergy between the work of the Council, the World Bank and other actors, and funds should be disbursed in a timely fashion and targeted at activities that were reported on jointly by Governments and partners.

19. The international community should also help tackle stigmatization. Countries that had introduced visa bans should review their position and help rebrand the country's post-Ebola image as a means of minimizing the impact on the private sector. Accordingly, his Government was working with the World Bank, UNMEER and others on a plan to achieve a zero infection rate. Budgetary support was intended to compensate for an estimated revenue shortfall of $215 million, equivalent to 3.6 per cent of the country's non-iron ore gross domestic product.

20. **Mr. Siaplay** (Liberia), Deputy Minister for Economic Management, speaking via video link, said that he was grateful for the assistance being provided to help combat an epidemic that was not only claiming lives but also threatening the hard-won social and economic progress that Liberia had made over the past decade. The Ebola outbreak had led to a sharp decline in agricultural, mining and service-sector activities, and foreign companies had scaled down their operations as expatriates had fled the country. The gross domestic product was falling, while expenditure demand had increased by $779 million. In response, the Government had instituted measures aimed at preventing a fiscal collapse. With the help of its development partners, it had also mobilized resources to combat the epidemic and maintain a level of macroeconomic stability. However, $150 million of the support that had been promised for the 2014-2015 financial year had not yet been received.

21. The Government's initial approach of imposing curfews, quarantines and border closures had led to food shortages and inflated prices. However, it had later recognized that those measures were counterproductive and had lifted the state of emergency and made the curfew more flexible while simultaneously instituting public health regulations aimed at curtailing the spread of the disease. Community-based efforts had also significantly reduced transmission rates.

22. While the Ebola outbreak had exposed vulnerabilities in State systems and challenged cultural and religious practices, it also provided an opportunity to rebuild the fabric of the country's economic and service structures. The Government's newly developed economic stabilization and recovery plan sought to reform systems by consolidating existing sector-specific policies and strategies for medium- and long-term development into a single agenda, with a view to more robust implementation.

23. While the short-term priority was to contain the outbreak, financing for a comprehensive post-Ebola recovery plan would be needed in the medium- to long-term. His Government and its partners must strengthen coordination in order to protect the investments that had been made since the end of the civil war and ensure the country's future development.

24. **Mr. Doucouré** (Mali) said that his Government appreciated the efforts undertaken by the United Nations to combat the Ebola epidemic, particularly the establishment of UNMEER. There had been a small number of cases of the virus in Mali, and, while no new cases had been reported in the past ten days, his Government continued to implement a contingency plan involving awareness campaigns, medical treatment, and the coordination and monitoring of activities to prevent transmission, which included monitoring the contacts of those infected. Specially trained staff had also been sent to quarantine zones and isolation facilities in areas bordering the countries affected by Ebola, and persons crossing the border were screened for signs of infection and had their

identity and contacts recorded. The total estimated cost of the contingency plan was 6.19 billion CFA francs, of which 0.71 billion had been mobilized. He appealed to bilateral and multilateral partners to provide the remaining funds and to support the rapid development of the affected countries by helping them strengthen their health-care systems.

25. To stop the spread of Ebola more quickly, certain cultural practices would have to be ended. Some countries had already managed to replace funeral rites involving washing with dignified and safe funerals carried out by well-trained teams. Traditional and religious leaders could be mobilized to help communities understand the risks linked to certain practices. The affected countries could also share their experiences and best practices, as Mali and Guinea had begun to do. For example, ways to involve Ebola survivors in preventing transmission of the virus could be exchanged. Additionally, a platform could be created to facilitate regular cooperation between affected countries, thereby accelerating the harmonization of contingency plans and strategies. Discussions could be carried out easily via video link if the necessary equipment were provided by partners.

Keynote addresses

26. **Ms. Chan** (World Health Organization (WHO)) said that there were several contextual factors that had allowed Ebola to spread undetected for three months and had enabled the epidemic to grow out of control. One such factor was that laboratory and health-care workers in West Africa had had no previous experience with the virus. Furthermore, Guinea, Liberia and Sierra Leone were among the poorest countries in the world and had porous borders and high levels of mobility owing to people searching for work. The movement across borders of persons suffering from Ebola in search of treatment had ignited further chains of transmission and caused flare-ups in areas where the disease had nearly been contained. Community resistance had led to undetected cases and secret burials as well as rioting by communities and strikes by health workers. Public health infrastructure in the three most affected countries had already been damaged during years of civil war and unrest. An existing shortage of doctors and nurses had been exacerbated as nearly 600 health-care workers had been infected. The good development progress made by the three countries prior to the epidemic had been undermined by the health crisis and the humanitarian, social, economic and security implications that had developed as a result of the sharp decline in trade, travel and agricultural activities.

27. Guinea had initially made good progress in combating the epidemic, but the disease had later returned. In Liberia, the most severely affected country, the efforts of the Government and people had led to a decline in the number of cases, but the virus had spread from large cities to remote rural areas. Development partners and United Nations agencies were scaling up efforts to support the Government of Sierra Leone, where cases continued to increase in northern and western parts of the country, including Freetown.

28. Cyclical patterns of apparent control followed by intense transmission would almost certainly continue as long as communities refused to cooperate with Governments and response teams, viewed treatment centres as dangerous, and continued to hide sick family members and refuse safe burials. However, there were grounds for hope, such as the swift and successful control of the disease in Mali, Nigeria and Senegal. There had also been unprecedented support from the international community, civil society and UNMEER. While WHO was providing the technical know-how to stop transmission, the World Food Programme was delivering food and supplies to meet basic needs. UNICEF was conducting massive social mobilization campaigns aimed at changing traditional behaviours, including unsafe burial practices, while volunteers for the International Federation of the Red Cross and Red Crescent Societies were carrying out the majority of safe burials. Non-governmental organizations, in particular Médecins sans frontières (MSF), had also made critical contributions to the response to the outbreak. The crisis also presented the Governments of the affected countries with an opportunity to rebuild and strengthen their basic health-care infrastructure, which would enable them to withstand future crises related to disease or climate change.

29. Efforts to fast-track the research and development of Ebola vaccines were proceeding apace, with trials yielding promising results. Clinical trials of potential cures were also under way. Such measures were important, as at least 22 African countries had the ecological conditions, wildlife species and hunting practices liable to cause a future outbreak. Recent experience would make the world better prepared to

respond in future, but it was also important for affected countries, with the support of development partners, to invest in building health-care systems based on primary care with a strong focus on community health services.

30. **Mr. Nabarro** (Special Envoy of the Secretary-General on Ebola) said that, on a recent visit to Guinea, Liberia, Mali and Sierra Leone, he had been impressed by the response of the people and Governments of those countries, as well as the African and broader international response, including a willingness to reflect and learn. The tireless and courageous efforts to combat Ebola were changing the shape and face of the outbreak. Since the launch of his mandate on 12 August 2014, there had been a significant shift in Governments' management of the crisis, with emergency operation centres and incident management centres being set up not only at the national level but also at the municipal and district level. Societies had taken ownership of the response, including by adapting culturally significant practices related to death, burial, illness and healing in order to reduce transmission. An analysis of the outbreak had broken it down into at least 100 "micro-outbreaks", each with their own chains of transmission and evolution. The findings demonstrated that transmission slowed dramatically when treatment was provided; stability was maintained; the disease was prevented from spreading to other areas; Governments were able to take full charge of the response; communities changed their behaviour; treatment was of high quality; and there was full coordination between partners.

31. In Liberia, there were now 10 new cases per day, a decrease from the rate of 60 new cases per day in September 2014. While that was proof of significant progress, it should be recalled that the present rate was no lower than that of August 2014. In Liberia and Guinea, 70 per cent of people with Ebola were undergoing treatment and most burials were carried out safely. Certain areas of Guinea were still experiencing a somewhat high number of cases. While there were few cases in eastern Sierra Leone, the Government was urgently responding to high levels of transmission in the western regions.

32. As the response evolved, initiatives to reduce transmission by increasing the number of treatment facilities and making burials safer were being complemented by painstaking efforts to find cases and trace contacts. Until there were zero cases, there would always be a possibility of a resurgence of the disease. To achieve that goal, high-quality granular data would be needed. Nimble and adaptable responses should also be implemented with the help of the United Nations and other entities to ensure that Governments were supported by skilled professionals with epidemiological and contact-tracing capacity in at least 47 administrative areas. There should also be a focus on building trust between communities and the authorities in order to promote vigilance in identifying any new cases.

33. In the long term, outbreaks tended to diminish the quality and impact of Government services. The current outbreak was already having a negative effect on economies, nutrition levels, health services, income and, in some areas, stability. It was also leading to the stigmatization of patients, particularly women. However, the presidents of the affected countries, including Mali, had confirmed their determination to overcome the outbreak and ensure that their countries used the opportunities provided by the crisis to become stronger and more resilient. International partners were requested to provide greater transparency in the use of resources, ensure clarity on results achieved and lessons learned, and improve their coordination and messaging. The United Nations and the international community as a whole had a duty to help put an end to the outbreak and, most importantly, bring about recovery in a way that would ensure a better future for the affected countries.

34. *Ms. Mejía Vélez (Colombia), Vice-President, took the Chair.*

Interactive dialogue

35. **Mr. Farmer** (Co-founder, Partners in Health; and Secretary-General's Special Adviser on Community-Based Medicine and Lessons from Haiti), moderator, said that he had just returned from a visit to Sierra Leone, where he had observed the continued failure to invest in national systems. Given that only 5 per cent of international assistance had been channelled through the public system, not only did the Ministry of Health have limited resources, there was also a public perception that Ministry officials had enormous resources at their disposal. That perception reinforced the distrust which had already been exacerbated by conflict. There was therefore a need for development metrics to assess performance.

36. The prevention versus care debate was a sterile one because it pitted the different actors in the Ebola response against each other rather than against the disease. If the target of zero transmission was to be reached, it would be necessary to stop the flight of people away from a health-care system that could not provide adequate care. The message that Ebola was a death sentence was hampering efforts to combat the disease. There should therefore be bold targets for the case fatality rate. Good medical care was the reason why no national of the United States of America had died of Ebola. The treatment for fluid loss due to vomiting and diarrhoea was simple electrolyte and fluid replacement. However, he had visited holding units in Sierra Leone that did not even have food, clean water or electricity.

37. The lesson learned from the HIV epidemic was that survivors should be included in the response to the disease. Most survivors were young adults because, unlike children and the elderly, they were able to obtain treatment. The emergency response should be linked to the long-term goal of building institutions that could cope in future outbreaks. In future, epidemiologists from Guinea, Liberia and Sierra Leone would lead the response and help the rest of the world as well.

38. **Ms. Potgieter-Gqubule** (Office of the African Union Commission), panellist, speaking via video link from Addis Ababa, said that the Economic Commission for Africa had developed three responses, namely, an emergency response, in agreement with the African Development Bank, to support the health-care systems of the three affected countries; a longer-term response geared towards building health resilience, extending coverage and setting up a response coordination centre to mobilize support from the private sector, civil society, regional organizations and ordinary Africans; and an initiative to reduce stigmatization.

39. **Mr. Farmer** (Co-founder, Partners in Health; and Secretary-General's Special Adviser on Community-Based Medicine and Lessons from Haiti) said that pitting the regional response against the international response created a false dichotomy. The responses in Nigeria and Senegal had been effective in stopping the spread of the disease, but they had also been expensive.

40. **Mr. Hamdok** (Deputy Executive Secretary, Economic Commission for Africa), panellist, speaking via video link from Addis Ababa, said that existing studies and early projections of the socioeconomic impact of Ebola were based on scant data and uncertain assumptions about the future trajectory of the epidemic. There had also been a failure to establish meaningful linkages between the various implications of the disease. Most importantly, the projections had not factored in the positive impact of national, regional and international responses and their potential to halt the spread of the epidemic.

41. The Economic Commission for Africa had sent researchers to the three worst-affected countries and benefited from its own surveys that had collected primary data, and those carried out by United Nations agencies operating in the field. Nigeria and Senegal had successfully contained the outbreak because their health-care systems were stronger; they had adhered strictly to the four-phase protocol; they had mobilized civil society, infrastructure and human capital; and they had decentralized health systems in which local authorities were able to act on their own initiative. In particular, Senegal's world-class diagnostic laboratory had played a key role in rapidly identifying the sole case that had been reported in that country.

42. **Mr. Farmer** (Co-founder, Partners in Health; and Secretary-General's Special Adviser on Community-Based Medicine and Lessons from Haiti) said that up-front investments in prevention made an enormous difference. For example, facilities with air conditioning and electricity made for less gruelling treatment conditions and better outcomes.

43. **Mr. Over** (Center for Global Development), panellist, said that Ebola was unusual in that, unlike other diseases such as HIV, its costs went beyond prevention and treatment. As had been the case during the outbreak of severe acute respiratory syndrome (SARS), 90 per cent of the economic impact of Ebola was caused by aversion behaviour. The question was therefore how to mitigate such behaviour. In that regard, the message should be that Africa, and the affected region in particular, was a healthy place to live, work and visit.

44. Epidemiologists were predicting that the Ebola epidemic would end by mid-2015. The key to arriving at a zero rate of new cases of Ebola, HIV and the like was case detection. The dichotomy between active and passive case detection was sterile. Instead, there was a need for an early warning system using African mobile

teams to detect cases early enough so that outbreak response teams could be deployed.

45. **Ms. Walker** (World Bank Group), panellist, said that the World Bank Group had four areas of focus, namely, the strengthening of health-care systems; the bolstering of agriculture to avoid a food crisis; the building of infrastructure; and the provision of liquidity to small and medium-sized enterprises. Money would not be sufficient on its own; the World Bank Group was therefore working on increasing knowledge, improving management and rebranding the business climate. Companies had left the worst affected countries and investors needed to return.

46. **Mr. Thomas** (World Bank Group) said that, while it was too early to conceive of a bond specifically targeting Ebola, the World Bank Group had taken note of the need for rapid response funds for situations like the Ebola crisis. The World Bank Group might have a comparative advantage in addressing the question of financing vaccines and treatment at a global level through innovative financing mechanisms aimed at increasing funds for frequently underfunded activities.

47. **Mr. Farmer** (Co-founder, Partners in Health; and Secretary-General's Special Adviser on Community-Based Medicine and Lessons from Haiti) wondered whether the question of debt relief would be addressed in the midst of the present emergency, given the scant resources being disbursed.

48. **Mr. Thomas** (World Bank) said that, with regard to debt relief, all three affected countries had been recipients under the Highly Indebted Poor Countries initiative and the Multilateral Debt Relief Initiative, based in part on the fact that they had relatively low debt burdens for the size of their economies. Some of the financing provided to those countries had come in the form of debt, in order to mobilize funds as quickly as possible. However, the larger amounts had come in the form of grants.

49. **Ms. Taylor** (Open Society Foundation), panellist, said that the Ebola crisis had underscored the need for flexible funding modalities that, even if not fully aligned, strengthened public health systems and improved national coordination mechanisms. Pooled funding modalities provided a sense of shared responsibility for resources and reoriented the attention of development partners towards locally defined needs and the resources available to address them. Mechanisms that created opportunities for enhanced donor coordination to finance country-led strategies would help avoid scenarios in which donors were unable to redirect resources tied to pre-existing commitments, instead allowing them to align those commitments with updated Government strategies and priority areas. Such mechanisms might also help address the issue of slow dispersal.

50. The strength of the public sector was also compromised by the recruitment of effective civil servants out of Government service and into international organizations, followed by their replacement with international experts whose daily rates exceeded the monthly salaries of their local counterparts. Nevertheless, a general aversion among donor organizations to funding the salaries of Government stakeholders persisted. When considering long-term sustainable interventions to build public systems, it must be made clear that building capacity and addressing capacity gaps could not always be achieved solely through increased international technical assistance.

51. The international Ebola response should aim to increase investment in the monitoring and evaluation of various interventions; documenting evidence of effective strategies would support the development of durable disaster preparedness and emergency response plans. That, in turn, raised further questions about the extent to which donors and international organizations were held accountable by and to the Governments they were serving. The international community could also leverage the current focus on Ebola to highlight the critical importance of the emerging sustainable development framework. The epidemic made evident the interconnected nature of health, education, agriculture and other sectors, and the impact that a crisis or lack of development in one area could have on all other areas. A shift away from the sector-specific priorities might help the international community to better attend to broader questions related to strengthening country-level governance.

52. Nigeria and Senegal had been able to contain the virus not only because of their health systems, but also because governance mechanisms had facilitated the efficient flow of information; the development and execution of a clear strategy; and the mobilization, targeting and monitoring of resources for a well-coordinated response.

53. Global public goods must be protected. The assumption that the engagement of the private sector with the sustainable development agenda would lead to increased efficiency and effectiveness of public service delivery was a dangerous one. Education, health, environmental protection and other sustainable development priorities were and must remain global public goods. As such, the onus for their delivery must remain on the State in order to ensure they could be accessed by even the most marginalized sectors of society through strong national systems that were supported by well-coordinated resources from a range of development partners.

54. **Mr. Farmer** (Co-founder, Partners in Health; and Secretary-General's Special Adviser on Community-Based Medicine and Lessons from Haiti) said that the idea that the private sector would perform more efficiently tasks that were critical to social protection was being challenged widely. Experience had shown that privatizing some public functions would result in failure, which underscored the need to identify what was lacking in the public sector to prevent problems from within.

55. **Mr. Knight** (Chair, Ebola Private Sector Mobilization Group; and General Manager for Corporate Sustainability, Arcelor Mittal), panellist, said that his company, Arcelor Mittal, had established the Ebola Private Sector Mobilization Group as an umbrella organization for companies to share experiences and coordinate efforts to fight Ebola. The Group had established working groups in the three most affected countries and others throughout West Africa.

56. His company's manifold activities in West Africa exemplified the contribution the private sector could make to the Ebola response. Arcelor Mittal carried out case detection by monitoring the temperature and health condition of each of its 4,000 employees on a daily basis. The company was also working to educate its employees, and, by extension, their communities on the disease, dispelling taboos and misapprehensions. Moreover, its continued operation in the affected countries constituted a contribution to their economies. As a logistics company, Arcelor Mittal was also donating assets such as vehicles to assist with the response effort. Lastly, by remaining in the affected countries, the company was demonstrating its long-term commitment to their economies and future.

57. The Group was developing a standard operating procedure on Ebola and other diseases to share with all countries in the region. It also aimed to maintain an open dialogue on travel restrictions and medical evacuation protocols. Furthermore, the Group hoped to facilitate access to experts in order to ascertain the deeper ecological cause of the disease. The crisis was serving as a catalyst for private sector contributions to sustainable development and humanitarian emergencies.

58. **Mr. Abdelaziz** (Under-Secretary-General and Special Adviser on Africa), discussant, said that a number of institutional proposals could serve as a possible road map for the Council's efforts to address the Ebola pandemic, in coordination with the African Union and vulnerable countries, on the basis of studies conducted by the Economic Commission for Africa, the World Bank and other partners. In the short term, development partners should be encouraged to provide debt relief and concessional loans. To that end, the International Monetary Fund (IMF) had allocated $300 million to ease the pressure on Guinea, Liberia and Sierra Leone. Financial and logistical support should be extended to regional and subregional health organizations, some of which were struggling. The Council and the Peacebuilding Commission should coordinate their actions to address the economic and social impacts of the pandemic more closely.

59. Medium- and long-term measures should include the establishment of a public-private partnership to improve access to quality health care. United Nations inter-agency task forces, led by resident coordinators and reporting to the Council, should be created at the country level in order to strengthen public health-care systems. Lastly, the Council should establish an intergovernmental mechanism on emergencies, to serve as an early warning system and help mobilize and coordinate responses to emergencies, including health and natural disasters.

60. **Mr. Saigal** (Principal Coordinator, United Nations Development Programme (UNDP) Response to the Ebola Outbreak), discussant, said that the need to strengthen institutions and systems was at the heart of the longer-term response to the Ebola crisis. In addition to the ongoing immediate emergency response, a development perspective should be adopted. UNDP had led early-recovery clusters at the country level through its resident coordinators and was currently implementing an Ebola crisis response and resilience programme. The programme's strategy consisted of

three basic components, namely, to strengthen the coordination and delivery of essential health care and other basic services; to improve engagement with communities, with a particular focus on vulnerable and at-risk groups; and to support rapid recovery and the return to sustainable development pathways.

61. Recognizing that recovery efforts should not wait until the outbreak was contained, UNDP had requested its country officers to realign their programmes so as to contribute to the overall response to the crisis. The agency would also be prioritizing livelihood stabilization, which encompassed job creation, income generation and the environmental sustainability of livelihoods. In that regard, there was a need for close collaboration with the private sector, which was the primary source of employment. Other priority areas for UNDP included the recovery of local economies, strengthening of national and local institutions, institutional policy support, the recovery of the health sector, strengthening of the rule of law, security, risk management and resilience. Aversion behaviour could be addressed by building resilience and early recovery. The agency would be working with Governments in order to ensure national ownership, as well as with non-governmental institutions and the private sector.

62. **Ms. Bartoli** (France) said that her Government was implementing a €100 million plan to assist Guinea, including through the deployment of nearly 100 health workers to the country and the establishment of treatment centres. In November 2014, the Government had launched a training centre open to health workers from all of France's international partners. A similar centre and a hospital facility for local and international health workers would be opened in Guinea in December 2014.

63. The epidemic highlighted the importance of ensuring swift global implementation of the International Health Regulations issued by the World Health Organization (WHO). The Global Health Security Agenda would provide valuable support for that initiative, but increased financial support from Member States would also be necessary.

64. It was clear that the health-care systems in the region must be sustainably strengthened. In that regard, France promoted the implementation of the Muskoka Initiative in West Africa; provided technical support to health-care systems in the region; and was implementing an Ebola action plan in affected States and neighbouring countries, taking into account their long-term needs, particularly in respect of primary health care and diagnostics. However, the Governments concerned bore the primary responsibility for improving their health systems, using their own resources. For that reason, her Government supported the commitment made by the States parties to the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Disease to allocate 15 per cent of their national budgets to the health sector.

65. The institution of universal health coverage was a proven, effective means of improving health systems and helping to prevent health crises. Universal health coverage also increased trust in the health-care system, expanded services to rural areas and broadened the range of available services. Moreover, sustainable financing from domestic resources allowed hospitals to improve facilities and ensured the continuous presence of health workers in developing countries. For those reasons, universal health coverage should be a priority target in the post-2015 development agenda.

66. **Mr. de Aguiar Patriota** (Brazil) said that the Peacebuilding Commission had been discussing the long-term impact of the Ebola epidemic on political and socioeconomic developments, State institutions and peacebuilding as a whole since the crisis had erupted. On 25 November 2014, in his capacity as Chairperson of the Commission, he had sent a letter to the Secretary-General requesting the United Nations to conduct an assessment of the impact of the epidemic on Guinea, Liberia and Sierra Leone, focusing on security, local governance, political institutions, social cohesion and economic recovery, taking into consideration a regional approach. In that regard, it was worth noting that the neighbouring countries Guinea-Bissau, Mali and Côte d'Ivoire, were grappling with post-conflict peacebuilding situations.

67. The requested assessment would describe the impact, re-examine priorities and recommend practical steps to ensure that peacebuilding gains were not lost. It would also serve as a basis to call for sustained attention, beyond the immediate resolution of the health crisis, in order to strengthen institutions, improve relations between Governments and affected societies, and ensure that the necessary resources were mobilized and channelled effectively. The assessment would neither focus on the immediate medical response to Ebola nor duplicate existing United Nations and global efforts to that end. The aim of the Peacebuilding

Commission was to ensure that all relevant efforts and investments were coherent and mutually reinforcing. The Commission stood ready to continue to serve as a platform for discussion, information sharing and awareness-raising of the non-health-related impacts of the Ebola crisis.

68. **Ms. Rodríguez** (Cuba) said that WHO and the United Nations had an essential role to play in ensuring that the collective response to the Ebola outbreak was effective. The social, economic and humanitarian impact was worrisome; sub-Saharan African States had drastically reduced their economic growth forecasts as a result of deploying significant resources to tackle the outbreak. The disease had affected an African subregion that had been enjoying rapid economic growth and increased peace and stability following years of conflict.

69. In coordination with WHO, her Government had sent its Henry Reeve Brigade of volunteer medical professionals trained in disaster response to the most affected region. It had also established a medical training programme for African countries not affected by the epidemic. She reiterated her Government's active support for the collective global response to the Ebola crisis, which required the cooperation of all States, particularly those possessing the financial resources needed to confront that challenge.

70. **Mr. Yao** Shaojun (China) said that the international community, in its response to the current Ebola crisis, should not neglect the long-term need to help affected West African countries rebuild their health-care systems and restore social stability and economic development. To that end, all States should assist affected countries by strengthening long-term aid mechanisms and supporting initiatives to improve maternal and child health, eradicate poverty, achieve universal primary education and build the capacity of public health systems. The international community should also accelerate research on Ebola medications and vaccines. China had provided the affected countries with aid totalling RMB 750 million, including food aid through the World Food Programme, and support for public health systems.

71. His Government planned to launch a long-term cooperation programme with African States in the area of public health. Planned activities included workshops on disease control; the establishment of a research centre on pathogens and tropical disease; and the deployment of experts to assist the African Union in building an African centre for disease control. Chinese companies remained active in the affected regions, thus supporting the economies of the host countries. Moreover, China's economic and social assistance to the affected countries had not been interrupted by the epidemic, and would continue to be provided, taking into account their needs.

72. **Ms. Cousens** (United States of America) said that the international community could not lose sight of the continued urgency of reducing the Ebola caseload and mortality rates, with the ultimate goal of bringing the number of cases down to zero. At the same time, her Government agreed that efforts should be made to begin working on long-term recovery and strengthen the public health system in order to avoid similar tragedies in future. Her delegation would like to know what specific interventions or approaches might be taken at present, alongside the immediate work being done on disease response.

73. **Mr. Farmer** (Co-founder, Partners in Health; and Secretary-General's Special Adviser on Community-Based Medicine and Lessons from Haiti) suggested that the generous support being provided in the form of official development assistance and emergency assistance should be linked to capacity-building efforts in the affected countries.

74. **Ms. Walker** (World Bank Group) said that confidence in public health systems needed to be built by training service providers and enhancing capacity to manage the full range of activities, including surveillance and response.

75. **Mr. Zagrekov** (Russian Federation) said that his Government supported international efforts to reduce the negative impact of the epidemic on the economy, security and stability of the affected countries. Even before Ebola was considered a threat to international peace and stability, the Russian Federation had sent medical supplies to Guinea, donated medical equipment and provided food assistance through the World Food Programme. It had also provided epidemiological assistance through UNMEER; five civil aviation missions; 150 tonnes of specialized equipment; and a mobile hospital staffed by local personnel. The hospital was providing temporary treatment for hundreds of people and implementing quarantine measures. Furthermore, his Government was contributing to scientific investigation and the

development of Ebola vaccines. It would continue to work at the international level to consider additional measures through the World Food Programme, UNICEF, WHO, the World Bank Group, the International Civil Aviation Organization and a multilateral trust fund for Ebola, through UNDP.

76. **Mr. Poulsen** (Observer for the European Union) said that the European Union's Commissioner for Development was in Guinea and its Ebola Response Coordinator and Health Commissioner had recently visited the worst affected countries. The European Union was committed to strengthening the response and had set a target of €1 billion in assistance, making it the largest donor to the emergency response strategy. Remedies for the longer-term implications of the disease needed to take into account the underlying fragilities that had enabled Ebola to take hold, as well as the consequences of the impact of the epidemic. The European Union was therefore working on a longer-term response plan together with countries neighbouring the crisis area. It had put together a package of €94 million of budget support for Liberia and Sierra Leone and was looking at similar options for Guinea. Meanwhile, country programmes for all three States would address the root causes of fragility, and European development ministers would shortly be meeting to discuss the Union's response to the outbreak.

77. **Mr. Farmer** (Co-founder, Partners in Health; and Secretary-General's Special Adviser on Community-Based Medicine and Lessons from Haiti) said that the critically ill who had survived Ebola, including a Senegalese man who had been treated in Hamburg, Germany, owed their survival to modern medicine that was not yet available in West Africa.

78. **Mr. Thōressen** (Sweden) said that the international community must maintain its momentum in efforts to deal with the outbreak. Sweden had contributed $75 million and sent 60 health workers to the affected countries. His Government emphasized the importance of peacebuilding and State-building in those countries to ensure that institutions were viable and democratic, and that the rule of law prevailed. The Peacebuilding Commission had an important role in that regard. Crisis management had to be consistent with long-term development cooperation and economic recovery. In that respect, the United Nations Development Group should mobilize the United Nations system in addressing early recovery needs. The international response offered an opportunity for cooperation between IMF, the World Bank Group, the African Development Bank, and others in the field. It would be interesting to hear about further opportunities for enhancing that cooperation.

79. **Mr. Farmer** (Co-founder, Partners in Health; and Secretary-General's Special Adviser on Community-Based Medicine and Lessons from Haiti) said that massive divestment from public health within the framework of structural adjustment programmes was one of the factors that had caused the current crisis. There was a need to overturn the notion that expenditure on health and education was not a priority.

80. **Mr. Joshi** (India) said that his country had extensive experience in responding to public health emergencies and had provided immediate financial assistance to the three affected countries, donated to WHO and contributed to the purchase of protective gear. Noting that there was a large Indian diaspora in West Africa, he reaffirmed India's commitment to contributing to the international response to Ebola.

81. **Mr. Nell** (Germany) said that, whereas the Security Council was dealing with the Ebola outbreak from the perspective of peace and security, the Council should address the impact on the sustainable development of West Africa. His Government had contributed to the international response by committing $190 million in 2014 for logistics support, the deployment of health personnel, humanitarian aid and research. In late November, it had also contributed the first evacuation aircraft, with in-flight treatment facilities, which was ready for immediate deployment.

82. The current debate should focus on the measures needed to minimize the impact of the outbreak and make countries more resilient to any future outbreaks. Although containment efforts had been successful in some areas, the epidemic was ongoing; it was therefore preferable to refer to interim lessons learned. The success of Senegal and Nigeria in containing the outbreak at an early stage offered valuable lessons and input in respect of country preparedness. In the short term, it was crucial to support sustainable structures while doing everything possible to contain the present outbreak. Future development efforts should adopt a multisectoral approach and observe the principles of the international division of labour.

83. The estimated $2 billion that the Ebola epidemic was expected to cost West Africa in 2014 would make

the social development challenges even more daunting. He therefore welcomed the $300 million to be made available by IMF through a combination of concessional loans, debt relief and grants as a way to ease the pressure on Guinea, Liberia and Sierra Leone. African Governments had taken significant steps to mitigate the effects of Ebola; Germany stood ready to support those efforts.

84. **Mr. Nabarro** (Special Envoy of the Secretary-General on Ebola) said that he was grateful for the generous contributions to the Ebola Response Multi-Partner Trust Fund, which made it possible to respond directly to acute needs, as well as for the direct assistance provided by Governments, including the dispatching of medical workers.

85. A total of 175 volunteers from Nigeria had recently reached Freetown, Sierra Leone, and Monrovia, Liberia, as part of a much-anticipated major deployment by the African Union. He suggested that reference be made not to Ebola survivors, a term which had a slight pejorative connotation, but to Ebola heroes.

86. *Mr. Sajdik (Austria), President, resumed the Chair.*

87. **Mr. Seksenbay** (Kazakhstan) said that Ebola was a complex crisis, in which fear and stigma worsened the overall health situation. Moreover, the epidemic risked undermining sustainable development efforts beyond the affected region, owing to global interdependence. A strong local, regional and international response was needed to shore up health-care systems, which were not equipped to handle a crisis of that magnitude. Locally, current needs included field logistical support, equipment and laboratory capacity, and case monitoring. The international community's focus must remain on the development of new medications and treatment; enhancing cross-border coordination, logistics and management systems; and improving global communications and disaster preparedness in at-risk areas.

88. Those West African economies facing growing fiscal deficits would need additional assistance because of increased expenditures on health, security and social protections, and the revenue reductions resulting from decreased economic activity and trade and borrowing constraints. Kazakhstan was committed to joining multilateral efforts to deal with the aftermath of the Ebola crisis. His Government had contributed $50,000 in 2014 and was planning to make an additional contribution through the African Union.

89. **Ms. Taipale** (Observer for Finland) said that it was crucial to adequately address the gender dimension of the response to the crisis in order to protect women and girls, who were disproportionately affected by the outbreak, and enable them to play a role in combating the disease and tackling its medium- and long-term consequences. In 2015, Finland would assume the chairmanship of the Global Health Security Agenda, which aimed to support the implementation of international health regulations and strengthen national health systems.

90. **Mr. Cleobury** (United Kingdom) said that his Government had contributed $360 million to Sierra Leone to deliver treatment beds, ensure safe burials and provide swift isolation for patients in communities affected by Ebola. Nevertheless, the longer-term effects of the outbreak could not be ignored, especially as secondary impacts threatened to reverse the economic and peacebuilding gains achieved in recent years. Progress over the past decade in building State institutions and infrastructure could be safeguarded and enhanced. For example, tools such as the World Bank's Crisis Response Window should be used without delay. With concerted action, the international community could support the affected countries to build more resilient societies and robust economies for the future.

91. Together with the Government of Sierra Leone, his Government had begun to plan its support for the country's recovery plan, including by focusing on those sectors likely to recover quickly, so that markets could begin to function again. Also of crucial importance was mitigating the short-term impacts of the Ebola crisis, for instance by ensuring that children continued to learn even while schools remained closed. The situation in West Africa was grim, but it was also an opportunity to build State institutions that could withstand shocks and to find the right tools for a decisive, rapid response in the case of a future international health crisis.

92. **Mr. King** (Olof Palme Peace Foundation) said that an effective response to Ebola must first address the source of the disease, which he understood was human contact with bat saliva or fecal matter. He asked whether that information was accurate, and if so, what

steps were being taken to eliminate the source of the disease.

93. **Mr. Farmer** (Co-founder, Partners in Health; and Secretary-General's Special Adviser on Community-Based Medicine and Lessons from Haiti) said that the consumption of bush meat was behind the original transmission of the virus from bats to humans, but that the cause of the current epidemic was person-to-person transmission.

94. **Mr. Wright** (Ebola Survival Fund) said that the idea that Ebola was not a death sentence should be perpetuated. The mining company Tata, which operated in Sierra Leone, had lost no further staff to the disease once it had invested in health care. It had identified the need to focus on local capacities and use the available Government structure to deploy resources and implement strategies. Noting that the outbreak had begun in an area close to valuable mineral resources, he suggested that the mining industry could contribute to an Ebola royalty to finance the health-care system and build hospitals. The idea of sharing investment with other companies was also under consideration.

95. **Ms. Blakely** (New Future Foundation) said that 4.3 million African nationals lived in the United States of America and had access to training and resources that could be harnessed as part of the response to the crisis. Mandinko women, and other African women, had taken leadership by raising money. A key question was how the global network of members of the African diaspora fit into civil society and how that diaspora could put its talent to good use in the mother continent.

96. **Mr. Farmer** (Co-founder, Partners in Health; and Secretary-General's Special Adviser on Community-Based Medicine and Lessons from Haiti) said that the burden of caregiving was borne disproportionately by women. A lack of infrastructure, such as modern hospitals, could be addressed, inter alia, by recruiting from the African diaspora and building a platform for those people to serve.

97. **The President** said that there were grounds for optimism as the number of new cases was declining. Within the context of efforts to prevent another outbreak and build the resilience of the affected countries, the African Union had established the African Centre for Disease Control and Prevention, which would help the region reduce its communicable disease burden and respond to emergency situations. Similarly, debt relief could assist the affected countries in increasing their resilience to future health and development-related emergencies. Specifically, the emergency response should be linked to efforts to strengthen the public health systems of the affected countries through investment and capacity-building.

98. The Ebola outbreak had shown not only that such epidemics did not respect national borders but also that there were larger cross-sectoral issues involved. The international community should therefore continue to provide financial and technical assistance as an immediate response to the multidimensional crisis and ensure long-term recovery. All stakeholders, including Governments, the United Nations system, international organizations and civil society, should work together to respond to the threat posed by Ebola to sustainable development. Furthermore, the United Nations system should conduct a study of the economic and social impact of Ebola, building on the work of the Economic Commission for Africa, the World Bank Group and UNDP, and submit it to the Council. Member States were also invited to submit proposals for follow-up actions. The recommendations that had emerged during the present meeting would be compiled into a President's summary and made available on the Council's website.

The meeting rose at 2.05 p.m.